

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

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Inside is the form you need to apply for a Social Security card. You can also use this form to replace a lost card or to change your name on your card. This service is free. But before you go on to the form, please read through the rest of this page. We want to cover some facts you should know before you apply.

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### IF YOU HAVE NEVER HAD A SOCIAL SECURITY NUMBER

If you were born in the U.S. and have never had a Social Security number, you must complete this form and submit documents that show your age, citizenship, and who you are. Usually, all we need from you are:

- Your birth certificate; AND
- Some form of identity, such as a driver's license, school record, or medical record. See page 2 for more examples.

Although we prefer that you submit your birth certificate, we will also accept a religious or hospital record of your birth made before you were 5 years old. **You must submit original documents or certified copies. Photocopies are not acceptable.** You may apply at any age, but if you are 18 or older when you apply for your first Social Security card, **you must apply in person. Please see the special requirements on page 4 if you were born outside the U.S., if you are not a U.S. citizen or if you need a card for a child.**

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### IF YOU NEED TO REPLACE YOUR CARD

To replace your card, all we usually need is one type of identification and this completed form. See page 2 for examples of documents we will accept. If you were born outside the U.S., you must also submit proof of U.S. citizenship or lawful alien status. Examples of the documents we will accept are on page 4. **Remember, you must submit original documents or certified copies.**

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### IF YOU NEED TO CHANGE YOUR NAME ON YOUR CARD

If you already have a number, but need to change your name on our records, we need this completed form and a document that identifies you by both your old and new names. Examples include a marriage certificate, a divorce decree or a court order that changes your name. Or, we will accept two documents—one with your old name and one with your new name. See page 2 for examples of documents we will accept.

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### HOW TO APPLY

First complete this form, using the instructions on page 2. Then take or mail it, with the required documents, to the nearest U.S. Social Security office, U.S. Embassy or consulate, or, if you live in the Philippines, the Veterans Affairs Regional Office (VARO) in Manila. If you are a U.S. military dependent or a U.S. citizen working on a U.S. military post, you may also go to the Post Adjutant or Personnel Office.

The U.S. Embassy, consulate, military office or VARO will copy your records to mail to Social Security along with this form. Do not mail your original documents to Social Security in Baltimore, Maryland.

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### IF YOU HAVE ANY QUESTIONS

If you have any questions about this form, or about the documents you need to submit, please contact any U.S. Social Security office, U.S. Embassy, consulate, or VARO. The people there will help you make sure you have everything you need to apply for your card.

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## DOCUMENTS THAT SHOW YOUR IDENTITY

Here are some examples of identity documents that we will accept.

- Driver's license
- ID card
- Your passport
- School ID card, record, or report card
- Marriage or divorce record
- Health insurance card
- Clinic, doctor, or hospital records
- Military records
- Court order for name change
- Adoption records
- Church membership or confirmation record (if not used as evidence of age)
- Insurance policy

We will **NOT** accept a birth certificate or hospital record as proof of your identity. We will accept other documents if they have enough information to identify you.

**Remember, you must submit original documents or certified copies. We cannot accept a photocopy unless it was made and certified by the official who keeps the record.**

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## HOW TO COMPLETE THE FORM

Most questions on the form are self-explanatory. The questions that need explanation are discussed below. The numbers match the numbered questions on the form. **If you are completing this form for someone else, please answer the questions as they apply to that person.** Then, sign your own name in question 16.

1. Your card will show your full first, middle, and last names **unless you show otherwise**. If you have ever used another name, show it on the third line. You can show more than one name on this line. Do not show a nickname unless you have used it for work or business.
2. Show the address where you want your card mailed. If you do not usually get mail at this address, please show an "in care of address," for example, c/o John Doe, 1 Elm Street, Anytown, U.S.A. 00000.
3. If you are not a U.S. citizen or an alien allowed to work in the U.S., please attach a statement that explains your situation and why you need a Social Security number.
5. You do not have to answer our question about race/ethnic background. We can issue you a Social Security card without this information. However, this information is important. We use it to study and report on how Social Security programs affect different people in our nation. Of course, we use it only for statistical reports and do not reveal the identities of individuals.
13. If the date of birth you show in item 6 is different from the date of birth you used on an earlier application, show the date of birth you used on the earlier application on this line.
16. If you cannot sign your name, sign with an "X" mark and have two people sign beneath your mark as witnesses.

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

### INSTRUCTIONS

- Please read "How To Complete This Form" on page 2.
- Print or type using black or blue ink. **DO NOT USE PENCIL.**
- Take or mail the completed form, along with the required documents, to the nearest U.S. Social Security office, U.S. Embassy or consulate or VARO in Manila.
- If you are completing this form for someone else, answer the questions as they apply to that person. Then, sign your name in question 16.

#### 1 NAME

To Be Shown On Card

FULL NAME AT BIRTH  
IF OTHER THAN ABOVE

OTHER NAMES USED



FIRST

FULL MIDDLE NAME

LAST

FIRST

FULL MIDDLE NAME

LAST

#### 2 MAILING ADDRESS

Do Not Abbreviate



STREET ADDRESS, APT. NO., PO BOX

CITY

STATE OR FOREIGN COUNTRY

ZIP CODE

#### 3 CITIZENSHIP

(Check One)

☐

U.S. Citizen

☐

Legal Alien  
Allowed To  
Work

☐

Legal Alien Not  
Allowed To Work  
(See Instructions On  
Page 2)

☐

Foreign Student  
Allowed Restricted  
Employment

☐

Conditionally  
Legalized Alien  
Allowed To Work

☐

Other  
(See Instructions  
On Page 2)

#### 4 SEX

☐

Male

☐

Female

#### 5 RACE/ETHNIC DESCRIPTION

(Check One Only - Voluntary)

☐

Asian, Asian-American  
Or Pacific Islander

☐

Hispanic

☐

Black  
(Not Hispanic)

☐

North American  
Indian Or Alaskan  
Native

☐

White (Not  
Hispanic)

#### 6 DATE OF BIRTH

MONTH DAY YEAR

#### 7 PLACE OF BIRTH

(Do Not Abbreviate)

CITY

STATE OR FOREIGN COUNTRY

FCI

Office  
Use  
Only

#### 8 MOTHER'S MAIDEN NAME

FIRST

FULL MIDDLE NAME

LAST NAME AT HER BIRTH

#### 9 FATHER'S NAME

FIRST

FULL MIDDLE NAME

LAST

#### 10 Has the person in item 1 ever received a Social Security number before?

☐

Yes (If "yes," answer questions 11-13.)

☐

No (If "no," go on to question 14.)

☐

Don't Know (If "don't know," go on to question 14.)

#### 11 Enter the Social Security number previously assigned to the person listed in item 1.

□ □ □ - □ □ - □ □ □ □

#### 12 Enter the name shown on the most recent Social Security card issued for the person listed in item 1.

FIRST

MIDDLE

LAST

#### 13 Enter any different date of birth if used on an earlier application for a card.

MONTH

DAY

YEAR

#### 14 TODAY'S DATE



MONTH DAY YEAR

#### 15 DAYTIME PHONE NUMBER

( )

AREA CODE

DELIBERATELY FURNISHING (OR CAUSING TO BE FURNISHED) FALSE INFORMATION ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.

#### 16 YOUR SIGNATURE



#### 17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:

☐

Self

☐

Natural Or  
Adoptive Parent

☐

Legal  
Guardian

☐

Other (Specify)

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN				DOC		NTI		CAN		ITV					
PBC		EVI		EVA		EVC		PRA		NWR		DNR		UNIT	
EVIDENCE SUBMITTED									SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW						
									DATE						
									DCL DATE						

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**IF YOU ARE A  
UNITED STATES  
CITIZEN BORN  
OUTSIDE THE U.S.**

If you are a United States citizen who was born outside the U.S., you need to submit your consular report of birth (FS-240 or FS-545), if you have one. You also need to submit one form of identification. See page 2 for examples of identity documents we will accept.

If you do not have your consular report of birth, you will need to submit your foreign birth certificate and one of the following: a U.S. Citizen ID card, U.S. passport, Certificate of Citizenship, or a Certificate of Naturalization. Remember, you must submit the original documents or certified copies.

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**IF YOU  
ARE NOT A  
U.S. CITIZEN**

If you are not a U.S. citizen, but you are an alien allowed to work in the U.S., you must submit your birth certificate or passport, and the documents given to you by the Immigration and Naturalization Service (INS). You must submit original documents or certified copies. Examples of INS documents are: your Alien Registration Receipt Card (Form I-151 or I-551) or Form I-94. Because these documents should not be mailed, you should apply in person. If you are not a U.S. citizen or an alien allowed to work in the U.S., you must submit a written statement explaining why you need a Social Security card.

Even though you may not be authorized to work in the U.S., we can issue you a Social Security card if you are in the U.S. legally or need it for some other reason. Your card will be marked to show that you cannot work, and if you do, we will notify INS.

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**IF YOU NEED A  
CARD FOR A CHILD  
OR SOMEONE ELSE**

If you apply for a card for a child or someone else, you need to submit that person's original or certified birth certificate and one more document showing the person's identity. For example, for a child we will accept a doctor or hospital bill, a school record or any similar document that shows the child's identity. For an adult, see page 2 for examples of identity documents we will accept.

**Also, if you sign the form, we need to see some kind of identification for yourself.** Please see the list on page 2 for examples of documents we will accept. Be sure to answer the questions on the application form as they apply to the person needing the card.

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**THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION**

The Social Security Act (sections 205(c) and 702) allows us to collect the facts we ask for on this form. We use most of these facts to assign you a Social Security number or to issue you a card. You do not have to give us these facts, but without them we cannot issue you a Social Security number or a card. Without a number, you could lose Social Security benefits in the future and you might not be able to get a job.

We give out the facts on this form without your consent only in certain situations that are explained in the Federal Register. For example, we must give out this information if Federal law requires us to, if your Congressman or Senator needs the information to answer questions you ask them, or if the Justice Department needs it to investigate and prosecute violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. If you would like more facts about the Privacy Act, get in touch with any U.S. Social Security office, U.S. Embassy or consulate, or the VARO in Manila.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

We estimate that it will take you about 8 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Do not send completed forms or information concerning your claim to this office.**